

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213557670

1.) CORPORATION NAME:

DUE DATE: **12/31/2013****SHENANDOAH LIFE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **00125625****KATHLEEN KRONAU****2301 BRAMBLETON AVE
SW**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

ROANOKE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2301 BRAMBLETON AVE SW

CITY/ST/ZIP: ROANOKE, VA 24015

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL L MISTRETTA
TITLE: PRESIDENT
ADDRESS: 2301 BRAMBLETON AVE
SW
CITY/ST/ZIP/CO: ROANOKE, VA 24015

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OFFICER

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DIRECTOR

NAME: PAULUS W MOORE
TITLE: VP ISS
ADDRESS: 2301 BRAMBLETON AVE
SW
CITY/ST/ZIP/CO: ROANOKE, VA 24015

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OFFICER

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DIRECTOR

NAME: MICHAEL W COFFMAN
TITLE: SVP/CFO/T
ADDRESS: 2301 BRAMBLETON AVE
SW
CITY/ST/ZIP/CO: ROANOKE, VA 24015

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OFFICER

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DIRECTOR

NAME: KATHLEEN KRONAU
TITLE: SECRETARY
ADDRESS: 2301 BRAMBLETON AVE
SW
CITY/ST/ZIP/CO: ROANOKE, VA 24015

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OFFICER

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DIRECTOR

NAME: MARY ANN H PELTIER
TITLE: SVP/CHF ACTUARY
ADDRESS: 2301 BRAMBLETON AVE
SW
CITY/ST/ZIP/CO: ROANOKE, VA 24015

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY NOVIK CHAIRMAN 515 CONGRESS AVE SUITE 2220 AUSTIN, TX 78701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG HUFF DIRECTOR 650 MADISON AVE 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEIDI HUTTER DIRECTOR 515 CONGRESS AVE SUITE 2220 AUSTIN, TX 78701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE MONTEMAYOR DIRECTOR 515 CONGRESS AVE SUITE 2220 AUSTIN, TX 78701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW POPOLI DIRECTOR 650 MADISON AVE 26TH FLOOR NEW YORK, VA 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGG ZEITLIN DIRECTOR 650 MADISON AVE 26TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW S VIPPERMAN DIRECTOR 2301 BRAMBLETON AVE SW ROANOKE, VA 24015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SWANSON DARYL BENNETT DIRECTOR 2301 BRAMBLETON AVE SW ROANOKE, VA 24015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KATHLEEN KRONAU SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN KRONAU, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/27/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			